

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-4454.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/27/03.

**I. DISPUTE**

Whether there should be additional reimbursement for CPT codes 97799-CP, 99213 and 97250 for the dates of service 07/10/02 through 09/06/02.

**II. RATIONALE**

The requestor billed the carrier \$28,579.00 and the carrier made no reimbursement, based on the denials of “V-Not reasonable or necessary. U-Unnecessary treatment (without Peer Review). C-Negotiated contract price. N-Not appropriately documented. F-Fee Guideline MAR Reduction 20%.”

For the dates of service 08/15/02(\$1,080.00), 08/20/02(\$1,080.00), 08/21/02(\$1,080.00), 08/22/02(\$1,080.00), 08/23/02(\$1,080.00), 08/26/02(\$1,080.00), 08/27/02(\$1,080.00), 08/28/02(\$1,080.00), 08/29/02(\$720.00), 08/30/02(\$1,080.00) and 9/03/02(\$720.00) the carrier denied services as “C-Negotiated Contract Price.” The requestor denies having a contract for the dates of service listed above per a phone conversation with \_\_\_\_ on 01/12/04. Per rule 133.308(g)(3) relevant information submitted by the requestor does not support the time billed as required per the MFG. Therefore, reimbursement is not recommended for these dates of service.

The date of service 09/04/02 for CPT code 97799-CP services was denied as “N- Not appropriately documented.” Per rule 133.308(g)(3) relevant information submitted by the requestor does not support the time billed as required per the MFG. Therefore, reimbursement is not recommended.

The date of service 08/19/02 was denied as “F-Fee Guideline MAR Reduction 20%.” The MFG MGR CPT descriptor indicates that this CPT code 97799-CP is listed as DOP. Per rule 133.308(g)(3) relevant information submitted by the requestor does not support the time billed as required per the MFG. Therefore, reimbursement is not recommended for this date of service.

For the date of service 09/06/02 CPT code 97799-CP, the requestor did not submit an EOB and this date of service will be reviewed per the MFG. Per rule 133.308(g)(3) relevant information submitted by the requestor does not support the time billed as required per the MFG. Therefore, reimbursement is not recommended.

The carrier denied services as “V-Not reasonable or necessary. U-Unnecessary treatment(without Peer Review) for dates of service 07/10/02 through 08/14/02 and 09/05/02, the carrier denied services improperly based on medical necessity. According to Rule 134.600(b)(1)(B), there is no

avenue for retrospective review and denial based on medical necessity once preauthorization is given. The requestor obtained preauthorization per letters dated 07/02/02, 07/29/02 and an extension dated 11/05/02. Per rule 133.308(g)(3) relevant information submitted by the requestor does not support the time billed as required per the MFG. Therefore, reimbursement is not recommended.

For the dates of service 07/19/02(97799-CP), 07/24/02(97799-CP), 08/05/02(97250, 99213) 08/08/02(97799-CP and 99213) and 08/19/02(97799-CP) the requestor did not submit any documentation that supports the services was rendered per Rule 133.308(g)(3). Therefore, reimbursement is not recommended.

### **III. DECISION & ORDER**

The above Findings and Decision is hereby issued this 12th day of February 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb